

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Garamendi for Congress

Full Name (Last, First, Middle Initial)

A. Spencer Kaitz

Mailing Address 774 Mays Blvd

City

Incline Village

State

NV

Zip Code

89451-9669

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walter Kaitz Foundation/KPS

Occupation

Founder

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2014

Transaction ID : C10046803

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. Prem Reddy MD

Mailing Address 16850 Bear Valley Rd

City

Victorville

State

CA

Zip Code

92395-5794

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Prime Healthcare Services

Occupation

President &amp; CEO

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2014

Transaction ID : C10048627

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3200.00

3200.00